Appendix S1. A Survey of Global Clinical Practice Patterns in the Use of Magnesium Sulphate for the Treatment of Pre-Eclampsia and Eclampsia.

Investigation contents		Answers
Facility Characteristics		
1. Country: _____		
2. Type of your facility	a) Public b) Private (including those run by private companies, faith-based organizations or non-governmental organizations) c) Other (Please specify) _____	
3. Location of your facility	a) Rural b) Peri-urban (rural-urban transition zone) c) Urban d) Other (Please specify) _____	
4. Level of your facility	a) Primary b) Secondary c) Tertiary d) Other referral level (Please specify): _____	
5. Is your centre solely a maternity facility?	a) Yes; b) No; c) Other (Please specify) _____	
6. On an average working day, how many of each of the following cadres of staff work in the Maternity Unit in your	a) Nurses _____	
	b) Midwives _____	
	c) Non-specialist doctors____	

facility? (*Please answer numbers of each cadre and record "0" if the cadre is not available in your facility*)	d) Obstetrics/gynaecology trainees_____	
	e) Obstetrician/gynaecologists_____	
	f) Anaesthetists_____	
	g) Other medical specialists:_____	
	h) Other medical staff_____	
Magnesium Sulfate Availability and Use		
7. In your facility, magnesium sulfate is available for the prevention or treatment of eclampsia (***Please select one***)	a) Always b) Frequently c) Occasionally d) Rarely e) Never (*If "always"*, **please skip to Question 10**)	
8. Does any of the following factors limit the **availability** of magnesium sulfate for the prevention or treatment of eclampsia in your facility? (***Please select all that apply***)	a) Financial cost of magnesium sulfate to the facility	
	b) Financial cost of magnesium sulfate to the women and their families	
	c) Total financial cost of administering magnesium sulfate (including costs for monitoring, adjunct drugs, and hospitalization etc.)	
	d) Reliability of supply (stock-out)	
	e) Magnesium sulfate not registered for obstetric use in the country	
	f) Others (Please describe any other factors that limit the availability of magnesium sulfate in your facility)_____	
9. Does any of the following factors limit the **use** of magnesium sulfate for the prevention or treatment of eclampsia in your facility? (***Please select all that apply)***	a) Complexity of the current magnesium sulfate regimen b) Lack of staff able to administer magnesium sulfate c) Lack of staff able to monitor women on	

	magnesium sulfate d) Lack of materials with which to administer the current magnesium sulfate regimen (e.g. syringes, gravity drip or infusion pumps) e) Lack of equipment with which to monitor women on magnesium sulfate (e.g. laboratory facilities for serum magnesium estimation) f) Lack of calcium gluconate to manage potential magnesium sulfate toxicity g) Others (please describe any other factors that limit the use of magnesium sulfate in your facility) _____	
Written Protocol for the Prevention and Treatment of Eclampsia		
10. Does your facility have a formal (written) protocol for the prevention and treatment of eclampsia?	a) Yes b) No (If "No", **please skip to Question 12**)	
11. How is this clinical protocol distributed in your facility? (***Please select all that apply***)	a) Printed and circulated to staff b) Communicated in staff training c) Posted visibly in obstetrics and labour wards d) Available online at the hospital website e) Others f) Protocol not distributed, because _____	
12. If you do not have a formal (written) protocol for the prevention and treatment of eclampsia, why not? (***Please select all that apply***)	a) We do not treat pre-eclampsia or eclampsia in our facility b) We do not use the written protocols for management of any condition in our facility c) Staff do not require a protocol to provide appropriate care d) We do not have the expertise to develop a	

	clinical protocol e) The available information and evidence on the subject is not clear enough to develop a protocol f) We do not have access to the resources (drugs, staff, equipment etc.) that would be required to follow a standard protocol g) Other (Please specify): _____	
Prevention and Treatment of Eclampsia		
13. In your facility, do you treat women with mild pre-eclampsia using magnesium sulfate?	a) Yes b) No (If "No", **please skip to Question 16**)	
14. In your facility, how do you administer a <u>LOADING DOSE</u> of magnesium sulfate for the prevention of eclampsia in women with mild pre-eclampsia: (***Please select one; Please specify the dosage for the prevention of eclampsia in women with mild pre-eclampsia***)	a) Intravenously (IV) only Intravenous loading dose of ____ grams over ____ minutes	Grams: Minutes:
	b) Intramuscularly (IM) only Intramuscular loading dose of ____ grams over ____ minutes	Grams: Minutes:
	c) EITHER intravenously OR intramuscularly Intravenous loading dose of ____ grams over ____ minutes; OR Intramuscular loading dose of ____ grams over ____ minutes	Grams: Minutes:
	d) BOTH intravenously AND intramuscularly Intravenous loading dose of ____ grams over	Grams:

	____ minutes; AND Intramuscular loading dose of ____ grams over ____ minutes	Minutes:
	e) We do not use a loading dose	
15. In your facility, how do you administer a <u>MAINTENANCE DOSE</u> of magnesium sulfate for the prevention of eclampsia in women with mild pre-eclampsia: (***Please select one; Please specify the dosage for the prevention of eclampsia in women with mild pre-eclampsia***)	a) Intravenously (IV) only Intravenous maintenance dose of ____ grams per hour for____ hours	Grams/hour: Hours:
	b) Intramuscularly (IM) only Intramuscular maintenance dose of ____ grams every ____ hours for a duration of ____ hours	Grams/hour: Hours:
	c) EITHER intravenously OR intramuscularly Intravenous maintenance dose of ____ grams per hour for ____ hours; OR Intramuscular maintenance dose of ____ grams every ____ hours for a duration of ____ hours	Grams/hour: Hours:
	d) BOTH intravenously AND intramuscularly Intravenous maintenance dose of ____ grams per hour for ____ hours; AND Intramuscular maintenance dose of ____ grams every ____ hours for a duration of ____ hours	Grams/hour: Hours:
	e) We do not use a maintenance dose	

16. In your facility, do you treat women with severe pre-eclampsia using magnesium sulfate?	a) Yes b) No (If "No", **please skip to Question 19**)	
17. In your facility, how do you administer a <u>LOADING DOSE</u> of magnesium sulfate for the prevention of eclampsia in women with severe pre-eclampsia: (***Please select one; Please specify the dosage for the prevention of eclampsia in women with severe pre-eclampsia***)	a) Intravenously (IV) only Intravenous loading dose of ____ grams over ____ minutes	Grams: Minutes:
	b) Intramuscularly (IM) only Intramuscular loading dose of ____ grams over ____ minutes	Grams: Minutes:
	c) EITHER intravenously OR intramuscularly Intravenous loading dose of ____ grams over ____ minutes; OR Intramuscular loading dose of ____ grams over ____ minutes	Grams: Minutes:
	d) BOTH intravenously AND intramuscularly Intravenous loading dose of ____ grams over ____ minutes; AND Intramuscular loading dose of ____ grams over ____ minutes	Grams: Minutes:
	e) We do not use a loading dose	
In your facility, how do you administer a <u>MAINTENANCE DOSE</u> of magnesium sulfate for	a) Intravenously (IV) only Intravenous maintenance dose of ____ grams	Grams/hour:

the prevention of eclampsia in women with severe pre-eclampsia: (***Please select one; Please specify the dosage for the prevention of eclampsia in women with severe pre-eclampsia***)	per hour for____ hours	Hours:
	b) Intramuscularly (IM) only Intramuscular maintenance dose of ____ grams every ____ hours for a duration of ____ hours	Grams/hour: Hours:
	c) EITHER intravenously OR intramuscularly Intravenous maintenance dose of ____ grams per hour for ____ hours; OR Intramuscular maintenance dose of ____ grams every ____ hours for a duration of ____ hours	Grams/hour: Hours:
	d) BOTH intravenously AND intramuscularly Intravenous maintenance dose of ____ grams per hour for ____ hours; AND Intramuscular maintenance dose of ____ grams every ____ hours for a duration of ____ hours	Grams/hour: Hours:
	e) We do not use a maintenance dose	
18. In your facility, do you treat women with eclampsia using magnesium sulfate?	a) Yes b) No (If "No", **please skip to Question 22**)	
19. In your facility, how do you administer a <u>LOADING DOSE</u> of magnesium sulfate for the treatment women with eclampsia: (***Please select one; Please specify the dosage***	a) Intravenously (IV) only Intravenous loading dose of ____ grams over ____ minutes	Grams: Minutes:

for the treatment of eclampsia)	b) Intramuscularly (IM) only Intramuscular loading dose of ____ grams over ____ minutes	Grams: Minutes:
	c) EITHER intravenously OR intramuscularly Intravenous loading dose of ____ grams over ____ minutes; OR Intramuscular loading dose of ____ grams over ____ minutes	Grams: Minutes:
	d) BOTH intravenously AND intramuscularly Intravenous loading dose of ____ grams over ____ minutes; AND Intramuscular loading dose of ____ grams over ____ minutes	Grams: Minutes:
	e) We do not use a loading dose	
In your facility, how do you administer a <u>MAINTENANCE DOSE</u> of magnesium sulfate for the treatment of women with eclampsia: (***Please select one; Please specify the dosage for the treatment of eclampsia***)	a) Intravenously (IV) only Intravenous maintenance dose of ____ grams per hour for____ hours	Grams/hour: Hours:
	b) Intramuscularly (IM) only Intramuscular maintenance dose of ____ grams every ____ hours for a duration of ____ hours	Grams/hour: Hours:
	c) EITHER intravenously OR intramuscularly	Grams/hour:

	Intravenous maintenance dose of ____ grams per hour for ____ hours; OR Intramuscular maintenance dose of ____ grams every ____ hours for a duration of ____ hours	Hours:
	d) BOTH intravenously AND intramuscularly Intravenous maintenance dose of ____ grams per hour for ____ hours; AND Intramuscular maintenance dose of ____ grams every ____ hours for a duration of ____ hours	Grams/hour: Hours:
	e) We do not use a maintenance dose	
Diagnosis and Management of Magnesium Sulfate Toxicity *(If Magnesium Sulfate are not used in your facility, please answer "Not applicable")*		
20. How many hours after delivery or the last convulsion do you recommend that magnesium sulfate be discontinued? (***Please select one***)	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 >24	
21. Does your facility have the capacity to routinely measure serum magnesium levels?	a) Yes b) No	
22. Is calcium gluconate available in your facility? (***Please select one***)	a) Always b) Frequently c) Occasionally d) Rarely e) Never	
Use of Alternative Regimen		
23. How likely would each regimen below increase the use of magnesium sulfate (MgSO4) in women with pre-eclampsia or eclampsia in your facility? (***Please rate from 0 (least likely) to 9 (most likely)***)	a) A single, one-off dose of MgSO4 (IV only)	
	b) A single, one-off dose of MgSO4 (IM only)	
	c) Only two doses of MgSO4 per day (IV only)	
	d) Only two doses of MgSO4 per day (IM only)	

	e) Only three doses of MgSO4 per day (IV only)	
	f) Only three doses of MgSO4 per day (IM only)	
	g) An exclusively intravenous regimen	
	h) An exclusively intramuscular regimen	
	i) A reduced total dose (in grams) of MgSO4 injected	
	j) A regimen with duration < 6 hours	
	k) A regimen with duration < 12 hours	
Participation		
24. Would your facility be willing to participate in a study on a simpler or shorter course of magnesium sulfate for the treatment and prevention of eclampsia?	a) Yes b) No, Because_____	